

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | 21 | [REDACTED] | 18 | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | | [REDACTED] |